

04-03-06

RCE 1641/15 JFW

PTO/SB/21 (09-04)

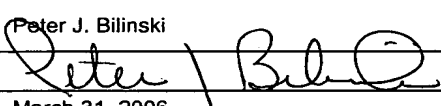
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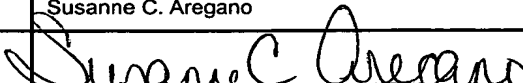
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| | | | |
|---|----|------------------------|------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 10/049,366 |
| | | Filing Date | May 10, 2002 |
| | | First Named Inventor | Mie Takahashi |
| | | Art Unit | 1641 |
| | | Examiner Name | Leon Yun Bon Lum |
| Total Number of Pages in This Submission | 19 | Attorney Docket Number | 967_026 |

| ENCLOSURES (check all that apply) | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (RCE) Transmittal (1 pg.), Check in the Amount of \$1,240.00, Return Mailroom Postcard; and Certificate of Express Mailing. |
| Remarks | | The Commissioner is authorized to charge any additional fees to Deposit Account No. <u>50-0289</u> . |
| Express Mail Label No. EV 676906272 US | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
|--|---|--|
| Firm or Individual name | Wall Marjama & Bilinski LLP | |
| Signature |  | |
| Date | March 31, 2006 | |

| CERTIFICATE OF MAILING | | |
|---|---|------------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service using the Express Mail Post Office To Addressee service per 37 CFR 1.10 under Express Mail No. EV 676906272 US addressed to Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 31, 2006. | | |
| Typed or printed name | Susanne C. Aregano | |
| Signature |  | Date March 31, 2006 |

Filed pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2006****Complete if Known**

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|----------------------|------------------|
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| First Named Inventor | Mie Takahashi |
| Examiner Name | Leon Yun Bon Lum |
| Art Unit | 1641 |
| Attorney Docket No. | 967_026 |

☐ Applicant claims small entity status. See 37 CFR 1.27

Express Mail Label No. EV 676906272 US

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 50-0289 Deposit Account Name: Wall Marjama & Bilinski LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments ☒ Credit any overpayments
of fee(s) under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |
| Total Claims | | |
| - 20 or HP = | | x |
| | = | |
| HP= highest paid number of total claims paid for, if greater than 20 | | |
| Indep. Claims | | |
| - 3 or HP = | | x |
| | = | |
| HP = highest number of independent claims paid for, if greater than 3 | | |

3. APPLICATION SIZE FEE

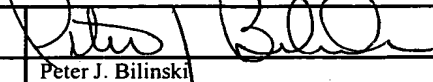
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | / 50 = | (round up to a whole number) x | = | |

4. OTHER FEES

| | Fees Paid (\$) |
|--|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other (e.g., late filing surcharge): Filing of RCE (\$790.00); 2 Month Extension of Time (\$450.00) | \$1,240.00 |

SUBMITTED BY

| | | | |
|-------------------|---|---|------------------------|
| Signature |  | Registration No. 35,067 (Attorney/Agent) | Telephone 315-425-9000 |
| Name (Print/Type) | Peter J. Bilinski | | Date March 31, 2006 |